Inspection report

Harry Heaney Centre
Support Service
Carrick Road
Spittal
Rutherglen G72 0XX

Inspected by: Jim McNally
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 16 January 2007
Service Number  CS2003001346

Service name  Harry Heaney Centre

Service address  Carrick Road
                Spittal
                Rutherglen    G72 0XX

Provider Number  SP2003003481

Provider Name  South Lanarkshire Council

Inspected By  Jim McNally
              Care Commission Officer

Inspection Type  Announced

Inspection Completed  16 January 2007

Period since last inspection  10 months

Local Office Address  Princes Gate
                      60 Castle Street
                      Hamilton
                      ML3 6BU
Introduction
Harry Heaney Centre provides a day care service for up to 24 frail elderly people with mild to moderate confusion. The service operates from 8.45am to 4.45pm Monday to Thursday and 8.45am to 4.15pm on a Friday. The Service has been registered with the Care Commission since 1 April 2002.

The service is provided from a purpose built building in a residential area on the outskirts of Rutherglen. There is access to public transport and some local amenities nearby.

Basis of Report

This service was inspected after receiving a Regulation Support Assessment (RSA) to determine what level of support was necessary. The RSA is an assessment undertaken by the Care Commission Officer which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service, action taken upon requirements, etc.

This service was required to have a medium level of support that resulted in an inspection based on the national inspection themes, the core standards for the inspecting year and any recommendations and requirements from previous inspections, complaints or other regulatory activity.

Before the visit:

· The Care Commission Officer wrote to the service telling them when the visit would take place.
· The service provided an Annual Return containing information about the service.
· The service also sent in a self evaluation document.

During the visit, which took place between 10:00 hours and 15:30 hours on Tuesday 16 January 2007, the Care Commission Officer spoke with:

· The Service Manager
· The Senior in Charge
· Seven Service Users
· Six members of staff

The Care Commission Officer also looked at a range of policies, procedures and records including the following:

· Personal plans
· Staff Training records
· Nutritional and Dietary information
· Complaints procedure and records
· Accident/Incident records

and spent time observing how staff members worked with older people who used the service. An examination of the premises was also carried out.

The Care Commission Officer took all of the above into account and reported on whether the
service was meeting the following National Standards for Support Services.

- Standard 2: Management and Staffing Arrangements
- Standard 5: Your environment
- Standard 9: Supporting communication
- Standard 12: Expressing your views
- Standard 15: Eating Well - Where the Support Service Provides Meals

**Action taken on requirements in last Inspection Report**

There were no requirements identified following the last inspection

**Comments on Self-Evaluation**

A self evaluation document was received prior to the inspection and identified relevant areas of strength and some areas for development associated with the National Care Standards detailed above.

**View of Service Users**

Seven Service Users spoke with the Care Commission officer and comments included “we’re happy coming here” and that the staff who worked at the centre were “very helpful and nice.” All the clients spoken with were very positive about the care that they received from the service.

**View of Carers**

There were no carers available during the inspection.
Regulations / Principles

Regulation:

Strengths

Areas for Development

National Care Standards

National Care Standard Number 2: Support Services - Management and Staffing Arrangements

Strengths

There were good policies and procedures in place in relation to fire safety, health and safety and environmental health. There were appropriate policies and procedures in place in relation to managing risk and record keeping of accident, incidents and complaints.

There was good evidence that staff had regular opportunities to participate in training appropriate to their needs and the need of service users. Many of the staff were trained to SVQ level 2 or above. Staff supervision was also available on a regular basis to support staff in their roles. Many of the staff had good knowledge and experience of working with older people. A planned and structured staff training plan was in place.

Staff felt well supported by their Manager, to carry out their roles. Staff were confident that they knew how to put policies and procedures into practice.

An appropriate whistleblowing policy was in place and staff demonstrated a good understanding of the whistleblowing procedure.

There were robust systems in place managing risk for individual Service Users and these risks were well recorded in personal plans.

The numbers and skill mix of staff was sufficient to meet the support and care needs of people using the service.

The record of service users financial transactions were not examined at this inspection

Areas for Development

The restraint policy was still in draft format and continues to be considered at organisational level. Staff had not received training in this area. This recommendation is outstanding from the previous inspection. (See Recommendation 1).

The medication management policy was in draft format and not all staff had received training in this area. (See Recommendation 2).
An audit of South Lanarkshire Council's safer recruitment policies and procedures has been carried out by the Care Commission resulting in four recommendations highlighted in this report. (See Recommendations 3 to 6).

It is suggested that best practice is followed by undertaking Enhanced Disclosure Scotland checks for staff appointed to their present post before April 2002. Consideration should also be given to introducing a system for re-checking Enhanced Disclosure Scotland checks.

**National Care Standard Number 5: Support Services - Your Environment**

**Strengths**

The service was provided from a purpose built building situated in a residential area on the outskirts of Rutherglen. The Centre was discreetly identified and, in the opinion of the inspecting officer, was not identified in a way that could stigmatise users of the service.

The design of the building on one level, along with a well maintained interior, and surrounding grounds, generally helped maintain the independence of the people who used the service. There was a landscaped and mature garden to the rear of the centre that could be accessed by service users.

The premises were clean, hygienic and free from offensive smells. The interior was brightly decorated and well lit with natural light. The service was compliant with current fire regulations, health and safety requirements and environmental health regulations at the time of inspection. The corridors were wide and there were ample lounge and quite areas.

Care staff interviewed knew the procedure to follow in the event of a fire. There was public liability insurance in place and employer’s liability insurance on display.

In line with current legislation, smoking was not allowed inside the building. A designated smoking area had been arranged to the rear of the building where service users could smoke, if necessary, supervised by staff.

There was good evidence that a range of activities were available at the service including crafts, games and group participation activities.

**Areas for Development**

Many of the activities were lead by the Service User’s preference. This may have been appropriate for the existing client group but may change as Service Users join and leave the service. (See Recommendation 7).

The interior doors in the corridors were heavy and some service users found it difficult to open them without assistance from staff or another person. The Manager had this issue assessed by technical services following a recommendation made in the last inspection but no further action had been taken following this assessment. (See Recommendation 8).

**National Care Standard Number 9: Support Services - Supporting Communication**
Strengths

There was good evidence that the communication needs of service users were regularly assessed by staff and that if communication needs were identified appropriate resources were provided to meet those needs. This included the provision of an interpreter for clients whose first language was not English.

There was a key worker system in place which assisted staff to better support the communication needs of individuals who used the Centre.

The service could also access resources form other external agencies including physiotherapy, occupational therapy and dietary advice.

Through observation of practice, the Care Commission Officer could see that staff that supported clients were patient and unhurried. Care staff communicated with Service Users at a speed and in a manner that was appropriate to the needs of the individual clients.

Areas for Development

None identified at this inspection.

National Care Standard Number 12: Support Services - Expressing Your Views

Strengths

Service users that spoke with the inspecting officer said that they could approach any member of staff if they had a need to discuss any concerns.

The provider organisation, (South Lanarkshire Council), actively sought the views of service users through various means. There was evidence that service users had recently participated in a survey asking them about the service they received. Service users were also represented on a network forum where they could raise any issues or make any comments about they service they attended.

There were good sources of written information available in the Centre, including information about advocacy and other resources provided by South Lanarkshire Council for older people attending daycare centres.

The most recent Care Commission inspection report was on display and easily accessible to anyone using the Centre.

Areas for Development

Through discussion with service users and by examination of a sample of service users completed surveys it was evident that some people using the service were unclear about the procedure for making complaints directly to the Care Commission. (See Recommendation 9).

National Care Standard Number 15: Support Services - Eating Well where the support
service provides meals

Strengths

Staff demonstrated a good knowledge of food and dietary preferences of individuals who attended the service. Individual dietary needs and preferences were recorded.

Staff demonstrated good food hygiene practices and food was well presented. Assistance was provided by staff at mealtimes and this included the provision of adapted cutlery, liquidised diet or help from a staff member.

On the day of inspection, Service Users were offered a menu that contained a good range of fruit and vegetables. A good selection and quantity of fresh fruit was delivered to the service regularly and made available to service users. The dining areas were spacious and tables were well presented.

Fruit and vegetables in the lunch menu were provided chopped, mashed or pureed if required.

Hot drinks, milk, water and a good range of fresh fruit juices were available in good quantities and at frequent intervals.

Staff were able to monitor and record the amount of food and drink being taken by people who used the service. Individuals who attended the service were weighed regularly.

Areas for Development

There were no written guidelines in place to support the food, fluid and nutritional care of service users. The senior in charge advised nutritional guidelines were being drafted centrally within South Lanarkshire Council. (See Recommendation 10).

Meals were prepared and provided by a local school kitchen. It was unclear if the menus were planned or nutritionally assessed specifically for the needs of older people. Staff interviewed, acknowledged that the quality of food provided could vary, especially during school term-time. The service did not always know in advance the choice of food available each day. (See Recommendation 11).

Service users were not routinely screened to assess if they were at risk of under-nutrition. (See Recommendation 12).
Enforcement
There has been no enforcement taken by the Care Commission since the last inspection.

Other Information
Ten recommendations have been made since the last inspection.

Six of these have been met. The outstanding recommendations are detailed below with any new recommendations.

Requirements
None identified at this inspection.

Recommendations
1. The restraint policy was still in draft format and continues to be considered at organisational level. Staff had not received training in this area. This recommendation is outstanding from the previous inspection.
National Care Standards Support Services, Standard 2: Management and Staffing Arrangements.

2. The medication management policy was in draft format and not all staff had received training in this area.
National Care Standards Support Services, Standard 2: Management and Staffing Arrangements.

3. A copy of the memo from the Occupational Nurse confirming fitness should always be placed in files.
National Care Standards Support Services, Standard 2: Management and Staffing Arrangements.
Scottish Social Services Council - Code of Practice for Employers of Social Service Workers(1).

4. Two references, including one from the previous employer, should be on file for all new Council employees. The acceptability of the practice of taking up only one reference for internal appointments should be clarified in written procedures.
National Care Standards Support Services, Standard 2: Management and Staffing Arrangements.
Scottish Social Services Council - Code of Practice for Employers of Social Service Workers(1).

5. Records should indicate whether Disclosure Scotland checks were at enhanced level.
National Care Standards Support Services, Standard 2: Management and Staffing Arrangements.
Scottish Social Services Council - Code of Practice for Employers of Social Service Workers(1).

6. Where applicable copies of certificates should be kept on file to verify any qualifications listed on the application form.
National Care Standards Support Services, Standard 2: Management and Staffing Arrangements.
An action plan has been received from South Lanarkshire Council which addresses the recommendations and areas for development for the safer recruitment theme detailed in this report.

7. The practice of conducting activities that are lead by the Service User’s preference should be continually reviewed to ensure that it is appropriate for the existing client group.
National Care Standards Support Services, Standard 5: Your environment.

8. The Manager should pursue the outcome of the assessment by technical services on the interior doors. A system should be introduced that makes it easier for Service Users to open the interior doors independently.
National Care Standards Support Services, Standard 5: Your environment.

9. People using the service should have access to and be reminded about the procedure for making complaints directly to the Care Commission.
National Care Standards Support Services, Standard 12: Expressing your views

10. There should be written guidelines in place to support the food, fluid and nutritional care of service users.

11. Menus should be planned or nutritionally assessed specifically for the needs of older people. The quality of food provided should be consistent and the service should always know in advance the choice of food available each day.

12. Service users should be routinely screened to assess if they are at risk of under-nutrition.

Jim McNally
Care Commission Officer